

# Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **September 16-30, 2004**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

<b>2. DATE SUBMITTED</b>	Applicant Identifier
September 29, 2004	
<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier
<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier

Legal Name: Fontana Redevelopment Agency	Organizational Unit: Housing and Business Development Department
Address (give city, county, State, and zip code): 8492 Wheeler Avenue Fontana, County of San Bernardino California 92335	Name and telephone number of person to be contacted on matters involving this application (give area code). David R. Edgar, Director (909) 350 - 6739

3	3	-	0	4	0	0	8	4	1
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If Revision, enter appropriate letter(s) in box(es)

- $$\begin{array}{|c|c|} \hline 1 & 1 \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline 3 & 0 & 0 \\ \hline \end{array}$$

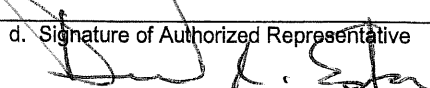
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):

A. State	H. Independent School District
B. County	I. State Controlled Institution of Higher Learning
C. Municipal	J. Private University
D. Township	K. Indian Tribe
E. Interstate	L. Individual
F. Intermunicipal	M. Profit Organization
G. Special District	N. Other (Specify)

## Department of Commerce, Economic Development Administration

## Sierra Business Park Project – Construction of Santa Ana Avenue

RECEIVED  
SEP 30 2004  
STATE CLEARING HOUSE

<b>13. PROPOSED PROJECT</b>		<b>14. CONGRESSIONAL DISTRICTS OF:</b>		SEP 30 2004	
Start Date Aug. 2004	Ending Date Dec. 2008	a. Applicant 42 <sup>nd</sup> District	b. Project 42 <sup>nd</sup> District		
<b>15. ESTIMATED FUNDING:</b> (For Entire Project)			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal EDA grant request amount	\$	1,552,260 .00	<input checked="" type="radio"/> YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  DATE: <u>September 29, 2004</u>  b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
b. Applicant	\$	10,500,000 .00			
c. State	\$	.00			
d. Local	\$	.00			
e. Other Lennar Partners	\$	1,922,945 .00			
f. Program Income	\$	.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>  <input type="checkbox"/> Yes. If "Yes," attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$	13,975,205 .00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THE APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
a. Type name of Authorized Representative David R. Edgar		b. Title      Director Housing & Business Development		c. Telephone Number (909) 350 -- 6739	
d. Signature of Authorized Representative 				e. Date Signed September 29, 2004	

COPY

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED September 29, 2004	App. Identifier
<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name: Ms. Lorraine Rubin		Organizational Unit: Resources Management Agency	
Organizational DUNS:		Division: Planning Division	
Address: Street: 800 S. Victoria Avenue		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Lorraine	
City: Ventura		Middle Name	
County: Ventura		Last Name Rubin	
State: California		Suffix:	
Zip Code 93009		Email: lorraine.rubin@mail.co.ventura.ca.	
Country: USA		Phone Number (give area code) 805-654-2466	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95-600944		Fax Number (give area code) 805-654-2509	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) B. County	
Other (specify)		Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): NOAA FY05 I&D Program		9. NAME OF FEDERAL AGENCY: US Department of Commerce	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Ventura County		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Environmental Impact Biological Assessments: Spatial Data Capture and Delivery	
13. PROPOSED PROJECT Start Date: April 1, 05 Ending Date: October 31, 2006		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 23rd b. Project 23rd & 24th	
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 84,820	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON	
b. Applicant	\$ 19,150	DATE:	
c. State	\$	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 103,970		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Authorized Representative			
Prefix Mr.	First Name Thomas	Middle Name	
Last Name Berg			Suffix
b. Title Director, Resources Mgmt. Agency			c. Telephone Number (give area code) 805-654-2661
d. Signature of Authorized Representative Thomas Berg			e. Date Signed September 29, 2004

Previous Edition Usable  
Authorized for Local ReproductionStandard Form 424 (Rev.9-2003)  
Prescribed by OMB Circular A-102

**APPLICATION FOR  
FEDERAL ASSISTANCE****2. DATE SUBMITTED**

September 29, 2004

Applicant Identifier

**1. TYPE OF SUBMISSION:**

Application

☐ Construction☐ Non-Construction

Pre-application

☒ Construction☐ Non-Construction**3. DATE RECEIVED BY STATE**

State Application Identifier

**4. DATE RECEIVED BY FEDERAL AGENCY**

Federal Identifier

**5. APPLICANT INFORMATION**

Legal Name:

Fontana Redevelopment Agency

Organizational Unit:

Housing and Business Development Department

Address (give city, county, State, and zip code):

8492 Wheeler Avenue

Fontana, County of San Bernardino

California 92335

Name and telephone number of person to be contacted on matters involving this application (give area code):

David R. Edgar, Director (909) 350-6739

**6. EMPLOYER IDENTIFICATION NUMBER (EIN):**

33-0400841

**7. TYPE OF APPLICANT: (enter appropriate letter in box)**

A. State

B. County

C. Municipal

D. Township

E. Interstate

F. Intermunicipal

G. Special District

H. Independent School District

I. State Controlled Institution of Higher Learning

J. Private University

K. Indian Tribe

L. Individual

M. Profit Organization

N. Other (Specify) \_\_\_\_\_

C

**8. TYPE OF APPLICATION:**☒ New ☐ Continuation ☐ RevisionIf Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award

B. Decrease Award

C. Increase Duration

D. Decrease Duration

Other (specify):

**9. NAME OF FEDERAL AGENCY:**

Department of Commerce, Economic Development Administration

**10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER**

11-300

TITLE: Grants for Public Works and Economic Development Facilities

**11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:**

Sierra Business Park Project - Construction of Santa Ana Avenue

**12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):**

City of Fontana

**13. PROPOSED PROJECT****14. CONGRESSIONAL DISTRICTS OF:**

Start Date

Aug 2004

Ending Date

Dec 2008

a. Applicant

42<sup>nd</sup> District

b. Project

42<sup>nd</sup> District**15. ESTIMATED FUNDING:**

(For Entire Project)

a. Federal EDA grant request amount	\$ 1,552,260.00
b. Applicant	\$ 10,500,000.00
c. State	\$ .00
d. Local	\$ .00
e. Other Lennar Partners	\$ 1,922,945.00
f. Program Income	\$ .00
g. TOTAL	\$ 13,975,205.00

**16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?**

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:

DATE: September 29, 2004

b. NO ☐ PROGRAM IS NOT COVERED BY E.O. 12372☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW**17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?**☐ Yes. If "Yes," attach an explanation.☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THE APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type name of Authorized Representative

David R. Edgar

b. Title Director

Housing &amp; Business Development

c. Telephone Number

(909) 350-6739

d. Signature of Authorized Representative

e. Date Signed

September 29, 2004

COPY

# Application for Federal Assistance

<b>1. TYPE OF SUBMISSION</b>  Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-construction		<b>2. DATE SUBMITTED:</b>  <b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		App. Identifier  State Application Identifier  Federal Identifier	
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**RECEIVED**  
  
 SEP 27 2004  
  
**STATE CLEARING HOUSE**  
 Department of Health Services

<b>5. APPLICANT INFORMATION</b>  Legal Name: <b>State of California</b>		Organizational Unit:  Name and telephone number of the person to be contacted on matters involving this application (give area code)  <div style="text-align: center;">Darice Bailey (916) 449-5664</div>																											
1616 Capitol Mall, 2nd Floor, MS 7405 P.O. Box 997413 Sacramento, CA 95899-7413 <b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> <div style="text-align: center;">68-0317191</div>		<b>7. TYPE OF APPLICANT:</b> (enter appropriate letter here) <span style="border: 1px solid black; padding: 0 5px;">A</span>  <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">           A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District         </div> <div style="width: 48%;">           H. Independent School District I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify): _____         </div> </div>																											
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <span style="border: 1px solid black; padding: 0 5px;">A</span> <span style="border: 1px solid black; padding: 0 5px;"></span>  A. Increase Award    B. Decrease Award C. Increase Duration    D. Decrease Duration Other Specify:		<b>9. NAME OF FEDERAL AGENCY:</b> <div style="text-align: center;">U. S. Environmental Protection Agency</div>																											
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b>  TITLE: <b>State Indoor Radon Grant</b>		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Development and Implementation of a Program for the Assessment and Mitigation of Radon																											
<b>12. AREAS AFFECTED BY PROJECT</b> (cities, counties, states, etc.)  <div style="text-align: center;">State of California</div>		<b>13. Proposed Project:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;">Start Date</th> <th style="width:70%;">End Date</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>		Start Date	End Date																								
Start Date	End Date																												
<b>14. CONGRESSIONAL DISTRICT OF:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">a. Applicant: <div style="text-align: center;">DHS</div></td> <td style="width:50%;">b. Project <div style="text-align: center;">Statewide</div></td> </tr> </table>		a. Applicant: <div style="text-align: center;">DHS</div>	b. Project <div style="text-align: center;">Statewide</div>	<b>15. Estimated Funding:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:30%;"> </th> <th style="width:10%;">\$</th> <th style="width:60%;"> </th> </tr> </thead> <tbody> <tr> <td>a. Federal</td> <td>\$</td> <td>175,000</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>180,447</td> </tr> <tr> <td>c. State</td> <td> </td> <td> </td> </tr> <tr> <td>d. Local</td> <td> </td> <td> </td> </tr> <tr> <td>e. Other: 1:1 Match</td> <td>\$</td> <td>-</td> </tr> <tr> <td>f. Program Income</td> <td> </td> <td> </td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>355,447</td> </tr> </tbody> </table>			\$		a. Federal	\$	175,000	b. Applicant	\$	180,447	c. State			d. Local			e. Other: 1:1 Match	\$	-	f. Program Income			g. TOTAL	\$	355,447
a. Applicant: <div style="text-align: center;">DHS</div>	b. Project <div style="text-align: center;">Statewide</div>																												
	\$																												
a. Federal	\$	175,000																											
b. Applicant	\$	180,447																											
c. State																													
d. Local																													
e. Other: 1:1 Match	\$	-																											
f. Program Income																													
g. TOTAL	\$	355,447																											
<b>16.</b> IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  a. YES, THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESSES FOR REVIEW ON: DATE:  b. NO. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		<b>17.</b> IS APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes," attach an explanation <input checked="" type="checkbox"/> No																											
<b>18.</b> TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.																													
a. Typed name of Authorized Representative. <div style="text-align: center;">Richard Joseph Jackson, M.D., M.P.H.</div>		b. Title: Administrator <div style="text-align: center;">State Public Health Officer</div>		c. Telephone Number <div style="text-align: center;">(916) 440-7400</div>																									
d. Signature of Authorized Representative 		e. Date Signed <div style="text-align: center;">9/21/2004</div>																											

Version 7/03

<b>APPLICATION FOR FEDERAL ASSISTANCE</b>		2. DATE SUBMITTED September 24, 2004		Applicant Identifier	
1. TYPE OF SUBMISSION: Application		3. DATE RECEIVED BY STATE		State Application Identifier	
<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		<input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier	
Legal Name: Center for Community Action and Environmental Justice		Organizational Unit: Involved Neighbors Seeking Information Safety and Truth (INISIT)		Department: NA	
Organizational DUNS: 002704885		SEP 23 2004		Division: NA	
Mailing Address: PO Box 33214		Name and telephone number of person to be contacted on matters involving this application (give area code)			
Street: Physical Address: 7701 Mission Blvd., Riverside CA 92509		Prefix: Ms.		First Name: Diana	
City: Riverside		Middle Name: Carol			
County: Riverside		Last Name: Fox			
State: CA		Zip Code: 92519		Suffix:	
County: Riverside		Email: diana.f@ccaej.org			
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  33-0562082		Phone Number (give area code) (909) 360-8451		Fax Number (give area code) (909) 360-5950	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  <input type="checkbox"/> <input type="checkbox"/> Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types)  501(c)(3) Non Profit Organization  Other (specify)			
10 CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  66-604		9. NAME OF FEDERAL AGENCY: US Environmental Protection Agency - Office of Environmental Justice			
TITLE (Name of Program): Environmental Justice Hazardous Substance Research Small Grants Program		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  Wyle Labs Multiple Source Contamination Identification Program			
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc): State of California, and other areas of the US to be determined by the Grantor		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 44th District      b. Project 44th District			
13. PROPOSED PROJECT Start Date: August 1, 2004      Ending Date: July 31, 2005		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW			
15. ESTIMATED FUNDING:					
a. Federal \$ 25,000					
b. Applicant \$					
c. State \$					
d. Local \$					
e. Other \$					
f. Program Income \$					
g. TOTAL \$ 25,000					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix: Ms.		First Name: Penny		Middle Name: Jane	
Last Name: Newman		Suffix:			
b. Title: Executive Director		c. Telephone Number (give area code) (909)360-8451			
d. Signature of Authorized Representative		e. Date Signed: September 24, 2004			

## 600.106 Form SF-424, Application for Federal Assistance

OMB Approval No. 0348-0043

		2. DATE SUBMITTED	Applicant Identifier
TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE		State Application Identifier
	4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier

5. APPLICANT INFORMATION

Legal Name: City of Colusa Address (give city, county, State, and zip code): 425 Webster Street Colusa, CA 95932	Organizational Unit: Department of Public Works Name and telephone number of person to be contacted on matters involving this application (give area code): Patty Hickel, Public Works Administrator 530-458-5622
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6. EMPLOYER IDENTIFICATION NUMBER (EIN):

9	4	—	6	0	0	0	3	1	4
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7. TYPE OF APPLICANT: (enter appropriate letter in box)

A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District	H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) _____
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8. TYPE OF APPLICATION:

☒ New    ☐ Continuation    ☐ Revision

If Revision, enter appropriate letter(s) in box(es)    ☐    ☐

A. Increase Award    B. Decrease Award    C. Increase Duration  
 D. Decrease Duration    Other(specify): \_\_\_\_\_

9. NAME OF FEDERAL AGENCY:  
 US Department of Agriculture, Rural Utility Service

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:

1	0	—	7	6	0
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TITLE: Water and Waste Disposal Loan and Grant Program

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
 City of Colusa Wastewater Treatment Plant Expansion and Upgrade

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  
 City of Colusa

13. PROPOSED PROJECT

Start Date August 2005	Ending Date January 2007	a. Applicant Congressional District 02
---------------------------	-----------------------------	---

14. CONGRESSIONAL DISTRICTS OF:

b. Project  
Same

15. ESTIMATED FUNDING:

a. Federal	\$		6,900,000	.00
b. Applicant	\$		100,000	.00
c. State	\$		12,500,000	.00
d. Local	\$			.00
e. Other	\$			.00
Program Income	\$			.00
f. TOTAL	\$		19,500,000	.00

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?

a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:  
 DATE \_\_\_\_\_

b. No. ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?

☐ Yes If "Yes," attach an explanation.    ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Type Name of Authorized Representative Joan Phillipe	b. Title City Manager	c. Telephone Number 530-458-4941
d. Signature of Authorized Representative <i>Joan L. Phillipe</i>		e. Date Signed <i>September 22, 2004</i>

Previous Edition Usable  
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Standard Form 424 (Rev. 7-97)  
 Prescribed by OMB Circular A-102

REPLACEMENT		OMB Approval No. 0348-0043	
APPLICATION FOR FEDERAL ASSISTANCE		2. Date Submitted	Applicant Identifier
1. Type of Submission: Application _____ Preapplication _____ Construction _____ Construction _____ <input checked="" type="checkbox"/> Nonconstruction _____ Nonconstruction _____		3. Date Rec'd by State	State Application Identifier
		4. Date Rec'd by Federal	Federal Identifier I 98910004
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		Organizational Unit: Division of Water Quality Name and telephone of person to be contacted on matters involving this application (give area code): James Maughan (916) 341-5522	
6. Employer Identification Number (EIN): 68--0281986		7. Type of Applicant: (enter appropriate letter) <u>A</u> A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
6. D U N S Number: 808321913			
8. Type of Application: ____ New <input checked="" type="checkbox"/> Revision ____ Continuation If Revision, enter appropriate letter(s): <u>A</u> ____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		9. Name of Federal Agency: U. S. Environmental Protection Agency	
10. Catalog of Federal Domestic Assistance Number 66.419 Title: Water Pollution Control State and Interstate Program Support (106 Grants)		11. Descriptive Title of Applicant's Project:  To establish and maintain adequate measures for prevention and control of surface and ground water pollution in California.	
12. Area Affected by Project: (cities, counties, states, etc.) California			
13. Proposed Project: Start Date 7/1/2003 End Date 6/30/2008		14. Congressional District of: Applicant: 3 Project: California - All	
15. ESTIMATED FUNDING: a. Federal \$5,386,548 b. Applicant \$0 c. State \$8,907,385 d. Local \$0 e. Other "In-Kind" \$4,686,052 f. Program Income \$0 g. TOTAL \$18,979,985		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: <input checked="" type="checkbox"/> This application/preapplication was made available to the State EO 12372 process for review on: Date: September 22, 2004 b. NO: ____ Program is not covered by EO # 12372 ____ Program has not been selected by the state for review.	
		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation <input checked="" type="checkbox"/> NO	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	



APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: <input checked="" type="checkbox"/> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 15, 2004	Applicant Identifier
				3. DATE RECEIVED BY STATE	State Application Identifier
				4. DATE RECEIVED BY FEDERAL AGENCY September 16, 2004	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Spanish Speaking Unity Council of Alameda County, Inc.		Organizational Unit: Department:	
Organizational DUNS: 079084174		Division:	
Address: Street: 3411 East 12th Street, Suite 200		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: Ms. First Name: Jennifer	
City: Oakland		Middle Name Lyn	
County: Alameda		Last Name Kassan	
State: California	Zip Code 94601	Suffix:	
Country: U.S.A.		Email: jkassan@unitycouncil.org	

6. EMPLOYER IDENTIFICATION NUMBER (EIN):  
94-1670490

7. TYPE OF APPLICANT:  
☒ New ☐ Continuation ☐ Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)  
Other (specify) ☐ ☐

8. TYPE OF APPLICATION:  
☒ New ☐ Continuation ☐ Revision  
If Revision, enter appropriate letter(s) in box(es)  
(See back of form for description of letters.)  
Other (specify) ☐ ☐

9. NAME OF FEDERAL AGENCY:  
Admin. for Children and Families, Office of Community Services

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  
93-570

11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:  
Fruitvale Village Public Market

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):  
City of Oakland, Alameda County

13. PROPOSED PROJECT  
Start Date: October 1, 2004  
Ending Date: September 30, 2006

14. CONGRESSIONAL DISTRICTS OF:  
a. Applicant Ninth  
b. Project Ninth

15. ESTIMATED FUNDING:

a. Federal	\$	250,000
b. Applicant	\$	393,560
c. State	\$	
d. Local	\$	
e. Other	\$	
f. Program Income	\$	327,026
g. TOTAL	\$	970,586

16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?  
a. Yes ☒ THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON  
DATE: September 15, 2004  
b. No ☐ PROGRAM IS NOT COVERED BY E. O. 12372  
☐ OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW

17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?  
☐ Yes If "Yes" attach an explanation. ☒ No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative

Prefix Ms.	First Name Marsha	Middle Name G.
Last Name Murrington	Suffix	
b. Title Senior Executive Officer	c. Telephone Number (give area code) (510) 535-6913	
d. Signature of Authorized Representative	e. Date Signed September 15, 2004	

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SEP 20 2004

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ORIGINAL

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		2. DATE SUBMITTED 6/16/04		Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY		Position Identifier	
		4. DATE RECEIVED BY: FY04-A11-002		RECEIVED	
				JUN 18 2004	
5. APPLICANT INFORMATION					
Legal Name: FamiliesFirst, Inc.			Organizational Unit: Department: Community Based Services		
Organizational DUNS: 192302503			Division: Shared Family Care		
Address: Street: 2100 Fifth Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Davis			Prefix: Ms.		
County: Yolo			First Name: Sheila		
State: CA			Middle Name		
Zip Code 95616			Last Name Self		
Country: USA			Suffix:		
Email: sself@familiesfirstinc.org			Phone Number (give area code) 530-753-0220 ext. 3183		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-2295953			Fax Number (give area code) 530-753-3390		
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Non-profit Organization Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 93-551 TITLE (Name of Program): Abandoned Infants			9. NAME OF FEDERAL AGENCY: Administration for Children and Families		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Contra Costa County in California			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: New Start Local Comprehensive Support Services Projects/Shared Family Care Comprehensive family support services to prevent child abandonment and promote family permanency.		
13. PROPOSED PROJECT Start Date: 10-01-2004 Ending Date: 09-30-2008			14. CONGRESSIONAL DISTRICTS OF: a. Applicant CA 1st District b. Project CA 7th District		
15. ESTIMATED FUNDING: a. Federal \$ 450,000 b. Applicant \$ c. State \$ d. Local \$ 50,000 e. Other \$ f. Program Income \$ g. TOTAL \$ 500,000			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED. a. Authorized Representative Prefix Mr. First Name Marv Middle Name J. Suffix Last Name Harris b. Title Chief Financial Officer c. Telephone Number (give area code) 530-753-0220 ext. 3187 d. Signature of Authorized Representative a. Date Signed 6/17/2004			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		

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STATE CLEARING HOUSE

# APPLICATION FOR FEDERAL ASSISTANCE

OMB Approval No. 0348-0043

<b>1. TYPE OF SUBMISSION:</b> Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>2. DATE SUBMITTED</b> SEPTEMBER 10, 2004	Applicant Identifier																												
<b>5. APPLICANT INFORMATION</b> Legal Name: CITY of BARSTOW Address (give city, county, State, and zip code): 220 EAST MOUNTAIN VIEW ST. Suite A BARSTOW, CA 92311-2888		<b>3. DATE RECEIVED BY STATE</b>  <b>4. DATE RECEIVED BY FEDERAL AGENCY</b>  State Application Identifier  Federal Identifier																													
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 95 - 6000675		<b>7. TYPE OF APPLICANT: (enter appropriate letter in box)</b> <div style="display: flex; justify-content: space-between;"> <div>           A. State            B. County            C. Municipal            D. Township            E. Interstate            F. Intermunicipal            G. Special District         </div> <div>           H. Independent School Dist.            I. State Controlled Institution of Higher Learning            J. Private University            K. Indian Tribe            L. Individual            M. Profit Organization            N. Other (Specify) _____         </div> </div> <div style="text-align: right; margin-top: -20px;"> <input checked="" type="checkbox"/> C         </div>																													
<b>8. TYPE OF APPLICATION:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award    B. Decrease Award    C. Increase Duration D. Decrease Duration    Other(specify): _____		<b>9. NAME OF FEDERAL AGENCY:</b>  <b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> Infra-Structure - Construction Construction of Rail Spur into and an internal road system through a 1,200 acre Industrial Park in the City of Barstow.																													
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 11 - 300 TITLE: I - PUBLIC WORKS		<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> City of Barstow - San Bernardino County																													
<b>13. PROPOSED PROJECT</b> Start Date: 12/04    Ending Date: 06/05		<b>14. CONGRESSIONAL DISTRICTS OF:</b> Howard McKeon																													
<b>15. ESTIMATED FUNDING:</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">a. Federal</td> <td style="width:10%;">\$</td> <td style="width:40%;">2,476,816</td> <td style="width:10%;">.00</td> </tr> <tr> <td>b. Applicant</td> <td>\$</td> <td>2,476,816</td> <td>.00</td> </tr> <tr> <td>c. State</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>d. Local</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>e. Other</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>f. Program Income</td> <td>\$</td> <td></td> <td>.00</td> </tr> <tr> <td>g. TOTAL</td> <td>\$</td> <td>4,953,631</td> <td>.00</td> </tr> </table>		a. Federal	\$	2,476,816	.00	b. Applicant	\$	2,476,816	.00	c. State	\$		.00	d. Local	\$		.00	e. Other	\$		.00	f. Program Income	\$		.00	g. TOTAL	\$	4,953,631	.00	<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b> a. YES. THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON: DATE Sept. 10, 2004 b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
a. Federal	\$	2,476,816	.00																												
b. Applicant	\$	2,476,816	.00																												
c. State	\$		.00																												
d. Local	\$		.00																												
e. Other	\$		.00																												
f. Program Income	\$		.00																												
g. TOTAL	\$	4,953,631	.00																												
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>		<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b> <input type="checkbox"/> Yes If "Yes," attach an explanation. <input checked="" type="checkbox"/> No																													
a. Type Name of Authorized Representative LAWRENCE E. DALE		b. Title MAYOR																													
d. Signature of Authorized Representative 		c. Telephone Number (760) 256-3531 e. Date Signed 9-13-2004																													

# APPLICATION FOR FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED 9/14/04	Applicant Identifier 1664
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier CA-90-Y118-01

## 5. APPLICANT INFORMATION

Legal Name: City of Santa Monica		Organizational Unit: Department: Big Blue Bus (Transit Services)	
Organizational DUNS: 833665896		Division:	
Address: Street: 612 Colorado		Name and telephone number of person to be contacted on matters involving this application (give area code)	
City: Santa Monica		Prefix: Ms	First Name: Marianne
County: Los Angeles		Middle Name H.	
State: CA		Last Name Kim	
Zip Code 90401	Suffix:		

Country:	Email: marianne-kim@santa-monica.org
6. EMPLOYER IDENTIFICATION NUMBER (EIN):  95-6000790	Phone Number (give area code) 310-458-2296
	Fax Number (give area code) 310-581-7925

8. TYPE OF APPLICATION:  <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)  A B Other (specify)	7. TYPE OF APPLICANT: (See back of form for Application Types)  Municipality (C) Other (specify)
---	---

9. NAME OF FEDERAL AGENCY: Federal Transit Administration
--

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:  20-500 TITLE (Name of Program): Federal Transit - Capital Investment Grants (Urbanized Areas Formula Program)	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: The City of Santa Monica Big Blue Bus requests \$25.5 million from a combination of Section 5307 and Congestion Mitigation Air Quality funds to purchase twenty-two (22) LNG expansion buses, forty-two (42) LNG fueled replacement buses, an Advanced Traveler Management System (ATMS), and a new regional fare collection system.
---	---

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Santa Monica, Culver City, West Los Angeles and Downtown Los Angeles
---

13. PROPOSED PROJECT Start Date: Ending Date:	14. CONGRESSIONAL DISTRICTS OF: a. Applicant City of Santa Monica
	b. Project CA-90-Y118-01

15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ 25,525,857.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON
b. Applicant \$ 7,380,323.00	DATE: 9/14/04
c. State \$ 0.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
d. Local \$ 0.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
e. Other \$ 0.00	
f. Program Income \$ 0.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
g. TOTAL \$ 32,906,180.00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Ms	First Name Stephanie	Middle Name
Last Name Negriff		Suffix
b. Title Director, Big Blue Bus		c. Telephone Number (give area code) 310-458-1975
d. Signature of Authorized Representative		e. Date Signed 9/13/04

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7.03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED	Applicant Identifier
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
<input checked="" type="checkbox"/> Non-Construction			
5. APPLICANT INFORMATION			
Legal Name: River Partners		Organizational Unit: Department:	
Organizational DUNS: 07-369-0836		Division:	
Address: Street: 580 Vailombrosa Ave		Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Daniel	
City: Chico		Middle Name	
County: Butte		Last Name Elseaff	
State: CA		Suffix:	
Zip Code: 95926		Email: defseaff@riverpartners.org	
Country: USA		Phone Number (give area code): Fax Number (give area code): 530.894.5401 X21 530.894.2970	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3302335			
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit 501(c)(3) corporation Other (specify)	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Habitat Conservation 11-463		9. NAME OF FEDERAL AGENCY: NOAA - National Oceanic and Atmospheric Administration	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Glenn, CA		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DelRio Wildland Preserve Riparian Habitat Restoration (Middle and West Fields)	
13. PROPOSED PROJECT Start Date: 01/01/2005 Ending Date: 3/31/2007		14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2 b. Project District 3	
15. ESTIMATED FUNDING: a. Federal \$ 236,000 b. Applicant \$ 13,050 c. State WCB Grant Application \$ 250,000 d. Local \$ e. Other NRCS Grant Application \$ 211,000 f. Program Income \$ g. TOTAL \$ 710,050		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
a. Authorized Representative Prefix: First Name: John Middle Name: Last Name: Carlson Suffix:		c. Telephone Number (give area code): 530.894.5401 X 24	
b. Title: President		a. Date Signed: 9/15/04	
d. Signature of Authorized Representative			

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> November 14, 2004	<b>Applicant Identifier</b>	
<input checked="" type="checkbox"/> Construction	<input type="checkbox"/> Pre-application	<b>3. DATE RECEIVED BY STATE</b>	State Application Identifier	
<input type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>	Federal Identifier	
<input type="checkbox"/> Non-Construction		M -05-UC-06-0005		
<b>5. APPLICANT INFORMATION</b>				
<b>Legal Name:</b> County of Sacramento		<b>Organizational Unit:</b> Department: Sacramento Housing and Redevelopment Agency		
<b>Organizational DUNS:</b> 139400514		<b>Division:</b>		
<b>Address:</b> Street: 630 I Street		<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
<b>City:</b> Sacramento		<b>Prefix:</b> Ms.	<b>First Name:</b> Sarah	
<b>County:</b> Sacramento		<b>Middle Name</b>		
<b>State:</b> California		<b>Last Name</b> Thomas Hansen		
<b>Zip Code:</b> 95814		<b>Suffix:</b>		
<b>Country:</b> USA		<b>Email:</b> shansen@shra.org		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000759		<b>Phone Number (give area code)</b> (916) 440-1322		<b>Fax Number (give area code)</b> (916) 447-2261
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) <input type="checkbox"/> <input type="checkbox"/> Other (specify)		<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> 14-218 <b>TITLE (Name of Program):</b> Community Development Block Grant		<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Housing and Urban Development		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County of Sacramento		<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 2005 Community Development Block Grant Projects		
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2005 Ending Date: December 31, 2005		<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th		
<b>15. ESTIMATED FUNDING:</b>		<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$ 7,811,580.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 17, 2004		
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 428,714.00			
g. TOTAL	\$ 8,240,294.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>				
<b>a. Authorized Representative</b>				
<b>Prefix</b> Ms.	<b>First Name</b> Anne	<b>Middle Name</b> M.		
<b>Last Name</b> Moore		<b>Suffix</b>		
<b>b. Title</b> Executive Director		<b>c. Telephone Number (give area code)</b> (916) 440-1319		
<b>d. Signature of Authorized Representative</b>		<b>e. Date Signed</b> September 17, 2004		

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

<b>1. TYPE OF SUBMISSION:</b> Application		<b>2. DATE SUBMITTED</b> November 14, 2004		<b>Applicant Identifier</b>	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<input type="checkbox"/> Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		<b>3. DATE RECEIVED BY STATE</b>	
		<b>4. DATE RECEIVED BY FEDERAL AGENCY</b>		<b>Federal Identifier</b> S-05-UC-06-0005	
<b>5. APPLICANT INFORMATION</b>					
<b>Legal Name:</b> County of Sacramento			<b>Organizational Unit:</b> Department: Sacramento Housing and Redevelopment Agency		
<b>Organizational DUNS:</b> 139400209			<b>Division:</b>		
<b>Address:</b> Street: 630 I Street			<b>Name and telephone number of person to be contacted on matters involving this application (give area code)</b>		
<b>City:</b> Sacramento			<b>Prefix:</b> Ms.		
<b>County:</b> Sacramento			<b>First Name:</b> Jan		
<b>State:</b> California			<b>Middle Name:</b>		
<b>Zip Code:</b> 95814			<b>Last Name:</b> Galloway		
<b>Country:</b> USA			<b>Suffix:</b>		
<b>6. EMPLOYER IDENTIFICATION NUMBER (EIN):</b> 94-6000759			<b>Phone Number (give area code)</b> (916) 875-3601		
<b>8. TYPE OF APPLICATION:</b> <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			<b>7. TYPE OF APPLICANT:</b> (See back of form for Application Types) Municipal Other (specify)		
<b>10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER:</b> TITLE (Name of Program): Emergency Shelter Grant 14-231			<b>9. NAME OF FEDERAL AGENCY:</b> U. S. Department of Housing and Urban Development		
<b>12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.):</b> County of Sacramento			<b>11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:</b> 2005 Emergency Shelter Grant		
<b>13. PROPOSED PROJECT</b> Start Date: January 1, 2005 Ending Date: December 31, 2005			<b>14. CONGRESSIONAL DISTRICTS OF:</b> a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th		
<b>15. ESTIMATED FUNDING:</b>			<b>16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</b>		
a. Federal	\$	287,606.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 17, 2004		
b. Applicant	\$	.00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$	.00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$	.00	<b>17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?</b>		
e. Other	\$	.00	<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$	.00			
g. TOTAL	\$	287,606.00			
<b>18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.</b>					
<b>a. Authorized Representative</b>					
<b>Prefix</b> Ms.		<b>First Name</b> Jane		<b>Middle Name</b>	
<b>Last Name</b> Rasmussen		<b>Suffix</b>		<b>c. Telephone Number (give area code)</b> (916) 875-3611	
<b>b. Title</b> Interim Director Department of Human Assistance		<b>d. Signature of Authorized Representative</b> <i>Jane Rasmussen</i>		<b>e. Date Signed</b> September 17, 2004	

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED November 14, 2004		Applicant Identifier	
<input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE		State Application Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier S-04-MC-06-0003	
5. APPLICANT INFORMATION					
Legal Name: City of Sacramento			Organizational Unit: Department: Sacramento Housing and Redevelopment Agency		
Organizational DUNS: 139400514			Division:		
Address: Street: 630 I Street			Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento			Prefix: Ms.		
County: Sacramento			First Name: Jan		
State: California			Middle Name		
Zip Code 95814			Last Name Galloway		
Country: USA			Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6028238			Email:		
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			Phone Number (give area code) (916) 875-8601		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Emergency Shelter Grant			Fax Number (give area code)		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento			7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		
13. PROPOSED PROJECT Start Date: January 1, 2005 Ending Date: December 31, 2005			9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development		
15. ESTIMATED FUNDING:			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005 Emergency Shelter Grant		
a. Federal \$ 254,054			14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th		
b. Applicant \$			b. Project 3rd, 4th, 5th, and 11th		
c. State \$			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS? a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 17, 2004		
d. Local \$			b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
e. Other \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
f. Program Income \$			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? <input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 254,054					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix Ms.		First Name Jane		Middle Name	
Last Name Rasmussen				Suffix	
b. Title Interim Director Department of Human Assistance				c. Telephone Number (give area code) (916) 875-3611	
d. Signature of Authorized Representative <i>Jane Rasmussen</i>				e. Date Signed September 17, 2004	

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APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED November 14, 2004	Applicant Identifier	
Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		3. DATE RECEIVED BY STATE	State Application Identifier	
5. APPLICANT INFORMATION		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier B-05-MC-06-0003	
Legal Name: City of Sacramento		Organizational Unit: Department: Sacramento Housing and Redevelopment Agency		
Organizational DUNS: 139400514		Division:		
Address: Street: 630 I Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Sacramento		Prefix: Ms.	First Name: Sarah	
County: Sacramento		Middle Name		
State: California		Last Name Thomas Hansen		
Zip Code: 95814		Suffix:		
Country: USA		Email: shansen@shra.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6028238		Phone Number (give area code) (916) 440-1322		Fax Number (give area code) (916) 444-2261
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)		7. TYPE OF APPLICANT: (See back of form for Application Types) Municipal Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 14-218 TITLE (Name of Program): Community Development Block Grant		9. NAME OF FEDERAL AGENCY: U. S. Department of Housing and Urban Development		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Sacramento		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: 2005 Community Development Block Grant Projects		
13. PROPOSED PROJECT Start Date: January 1, 2005 Ending Date: December 31, 2005		14. CONGRESSIONAL DISTRICTS OF: a. Applicant 3rd, 4th, 5th, and 11th b. Project 3rd, 4th, 5th, and 11th		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 6,834,500.00	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: September 17, 2004		
b. Applicant	\$ .00	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
c. State	\$ .00	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
d. Local	\$ .00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
e. Other	\$ .00	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
f. Program Income	\$ 957,707.00			
g. TOTAL	\$ 7,792,207.00			
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.				
a. Authorized Representative				
Prefix Ms.	First Name Anne	Middle Name M.		
Last Name Moore		Suffix		
b. Title Executive Director		c. Telephone Number (give area code) (916) 440-1319		
d. Signature of Authorized Representative		e. Date Signed September 17, 2004		

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OMB Approval No. 0348-0043

## APPLICATION FOR FEDERAL ASSISTANCE

1. Type of Submission: Application _____ Preapplication _____ ____ Construction _____ Construction _____ ____ X Nonconstruction _____ Nonconstruction _____		2. Date Submitted	Applicant Identifier
5. Applicant Information: Legal Name and Address: (give city, county, state, and zip code) State Water Resources Control Board 1001 I Street, Sacramento County Sacramento, California 95814		3. Date Rec'd by State	State Application Identifier
6. Employer Identification Number (EIN): 68--0281986		4. Date Rec'd by Federal	Federal Identifier
6. D U N S Number: 808321913		Organizational Unit: Executive Office Name and telephone of person to be contacted on matters involving this application (give area code): Ricardo Martinez (916) 324-7316	
8. Type of Application: ____ X New _____ Revision _____ Continuation _____ If Revision, enter appropriate letter(s): _____ A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other (specify) _____		7. Type of Applicant: (enter appropriate letter) ____ A ____ A. State H. Independent School District B. County I. State Institute of Higher Learning C. Municipal J. Private University D. Township K. Indian Tribe E. Interstate L. Individual F. Intermunicipal M. Profit Organization G. Special District N. Other (specify)	
10. Catalog of Federal Domestic Assistance Number 66.606 Title: Surveys, Studies, Investigations and Special Purpose Grants		9. Name of Federal Agency: U. S. Environmental Protection Agency	
12. Area Affected by Project: (cities, counties, states, etc.) California - Baja, Mexico region		11. Descriptive Title of Applicant's Project:  Incorporate pollution prevention (P-2) strategies/techniques into Environmental Management Systems (EMS) programs tailored for small and medium-sized businesses in southern California and Baja, Mexico regions.	
13. Proposed Project: Start Date End Date 10/1/2004 6/30/2006		14. Congressional District of: Applicant: Project: 3 California - All	
15. ESTIMATED FUNDING: a. Federal \$40,000 b. Applicant \$0 c. State \$50,298 d. Local \$0 e. State "In-Kind" Assistance \$34,292 f. Program Income \$0 g. TOTAL \$124,590		16. Is the application subject to review by the State Executive Order (EO) 12372 process? a. YES: ____ X ____ This application/preapplication was made available to the State EO 12372 process for review on: Date: September 16, 2004 b. NO: _____ Program is not covered by EO # 12372 _____ Program has not been selected by the state for review.	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BOARD OF THE APPLICANT, AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		17. Is the applicant delinquent on any Federal debt? ____ YES, attach explanation ____ X ____ NO	
a. Typed Name of Authorized Representative Celeste Cantú		b. Title: Executive Director	c. Telephone Number (916) 341-5615
d. Signature of Authorized Representative		e. Date Signed:	

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED		Applicant Identifier	
<input type="checkbox"/> Construction		<input type="checkbox"/> Construction		3. DATE RECEIVED BY STATE	
<input checked="" type="checkbox"/> Non-Construction		<input checked="" type="checkbox"/> Non-Construction		4. DATE RECEIVED BY FEDERAL AGENCY	
5. APPLICANT INFORMATION					
Legal Name: River Partners			Organizational Unit: Department:		
Organizational DUNS: 07-869-0836			Division:		
Address: Street: 580 Vallombrosa Ave City: Chico County: Butte State: CA Zip Code: 95926			Name and telephone number of person to be contacted on matters involving this application (give area code) Prefix: First Name: Daniel Middle Name: Last Name: Eiseaff Suffix:		
Country: USA			Email: deiseaff@riverpartners.org		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-3302335			Phone Number (give area code) 530.894.5401 X21		Fax Number (give area code) 530.894.2970
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify)			7. TYPE OF APPLICANT: (See back of form for Application Types) Non-Profit 501c(3) corporation Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 11-463			9. NAME OF FEDERAL AGENCY: NOAA -- National Oceanic and Atmospheric Administration		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Glenn, CA			11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: DelRio Wildland Preserve Riparian Habitat Restoration (Middle and West Fields)		
13. PROPOSED PROJECT Start Date: 01/01/2005 Ending Date: 3/31/2007			14. CONGRESSIONAL DISTRICTS OF: a. Applicant District 2 b. Project District 3		
15. ESTIMATED FUNDING:			16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal \$ 236,000			a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant \$ 13,050			DATE:		
c. State WCB Grant Application \$ 250,000			b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local \$			<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other NRCS Grant Application \$ 211,000			17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income \$			<input type="checkbox"/> Yes if "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL \$ 710,050					
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.					
a. Authorized Representative					
Prefix		First Name John		Middle Name	
Last Name Carlson				Suffix	
b. Title President				c. Telephone Number (give area code) 530.894.5401 X 24	
d. Signature of Authorized Representative				e. Date Signed 9/15/04	

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Date	# of pages
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Phone #	Co.
Fax # 916 323-3018	Phone # 530 894-5401
	Fax # 530 894-2970

Rev. 9-2003  
Circular A-102

APPLICATION FOR  
FEDERAL ASSISTANCE

Version 7/03

1. TYPE OF SUBMISSION: Application		2. DATE SUBMITTED <u>9/15/04</u>	Applicant Identifier <u>051 274 694</u>	
<input type="checkbox"/> Construction	Pre-application	3. DATE RECEIVED BY STATE	State Application Identifier	
<input checked="" type="checkbox"/> Non-Construction	<input type="checkbox"/> Construction	4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier	
<input type="checkbox"/> Non-Construction				

5. APPLICANT INFORMATION	
Legal Name: <u>SAVE SAN FRANCISCO BAY ASSOCIATION</u>	Organizational Unit: Department: <u>EDUCATION / RESTORATION</u>
Organizational DUNS: <u>051 274 694</u>	Division: <u>COMMUNITY-BASED RESTORATION</u>
Address: Street: <u>350 FRANK H. OGAWA PLAZA, SUITE 900</u>	Name and telephone number of person to be contacted on matters involving this application (give area code)
City: <u>OAKLAND</u>	Prefix: <u>MR.</u> First Name: <u>JASON</u>
County: <u>ALAMEDA</u>	Middle Name: <u>AVERY</u>
State: <u>CA</u>	Last Name: <u>MORRIS</u>
Zip Code: <u>94612-2016</u>	Suffix:
Country: <u>U.S.A.</u>	Email: <u>jmorris@savesfbay.org</u>
6. EMPLOYER IDENTIFICATION NUMBER (EIN): <u>94-6078420</u>	Phone Number (give area code): <u>(510) 452-9261</u> Fax Number (give area code): <u>(510) 452-9266</u>
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision (If Revision, enter appropriate letter(s) in box(es).) (See back of form for description of letters.)	7. TYPE OF APPLICANT: (See back of form for Application Types) <u>0 - NOT FOR PROFIT ORGANIZATION</u>
Other (specify)	Other (specify)
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <u>11-463</u>	9. NAME OF FEDERAL AGENCY: <u>(NOAA) NATIONAL OCEANIC AND ATMOSPHERIC ADMINISTRATION</u>
TITLE (Name of Program): <u>COLLABORATIVE COMMUNITY-BASED HABITAT RESTORATION</u>	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: <u>COLLABORATIVE, COMMUNITY-BASED HABITAT RESTORATION IN THE SAN FRANCISCO BAY AREA</u>
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): <u>NINE-COUNTY SAN FRANCISCO BAY AREA</u>	
13. PROPOSED PROJECT Start Date: <u>MAY 1, 2005</u> Ending Date: <u>MAY 1, 2006</u>	14. CONGRESSIONAL DISTRICTS OF: a. Applicant <u>U.S. DIST 9</u> b. Project <u>U.S. DISTRICTS 6-16</u>
15. ESTIMATED FUNDING:	16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?
a. Federal \$ <u>200,000.00</u>	a. Yes. <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE: <u>9/15/04</u>
b. Applicant \$ <u>50,000.00</u>	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372
c. State \$ <u>25,000.00</u>	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW
d. Local \$ <u>125,000.00</u>	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?
e. Other \$ <u>400,000.00</u>	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No
f. Program Income \$ <u>0.00</u>	
g. TOTAL \$ <u>400,000.00</u>	
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.	
a. Authorized Representative	
Prefix: <u>MR.</u> First Name: <u>JASON</u> Middle Name: <u>AVERY</u>	
Last Name: <u>MORRIS</u> Suffix:	
b. Title: <u>EDUCATION DIRECTOR</u>	c. Telephone Number (give area code): <u>(510) 452-9261</u>
d. Signature of Authorized Representative: <u>[Signature]</u>	e. Date Signed: <u>9/15/04</u>

SEP 16 2004

OMB Approval No. 0348-0043

APPLICATION FOR  
FEDERAL ASSISTANCE

1. TYPE OF SUBMISSION: Application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction Preapplication <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		2. DATE SUBMITTED September 15, 2004	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier	
4. DATE RECEIVED BY FEDERAL AGENCY SEP 16 2004		Federal Identifier	
5. APPLICANT INFORMATION			
Legal Name: Central Coast YMCA		Organizational Unit:	
Address (give city, county, State, and zip code): 371 Main Street, Salinas, Monterey County, CA 93901		Name and telephone number of person to be contacted on matters involving this application (give area code) John A. Assaad, (831) 757-4633	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 77-0202335		7. TYPE OF APPLICANT: (enter appropriate letter in box) <input checked="" type="checkbox"/> N A. State B. County C. Municipal D. Township E. Interstate F. Intermunicipal G. Special District H. Independent School Dist. I. State Controlled Institution of Higher Learning J. Private University K. Indian Tribe L. Individual M. Profit Organization N. Other (Specify) <u>Non-Profit</u>	
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) <input type="checkbox"/> <input type="checkbox"/> A. Increase Award B. Decrease Award C. Increase Duration D. Decrease Duration Other(specify):		9. NAME OF FEDERAL AGENCY: USOA Rural Development	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: 110-766 TITLE:		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Construction & Renovation of facilities to address the needs in the Watsonville Community	
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Watsonville, Santa Cruz County, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF:	
Start Date	Ending Date	a. Applicant	b. Project
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$	<input checked="" type="checkbox"/> YES THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:	
b. Applicant	\$	DATE <u>9/16/04</u>	
c. State	\$	b. No. <input type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
d. Local	\$	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes," attach an explanation. <input type="checkbox"/> No	
g. TOTAL	\$ 0		
18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.			
a. Type Name of Authorized Representative Sharon Gish		b. Title President/CEO	c. Telephone Number (831) 757-4633
d. Signature of Authorized Representative <i>Sharon Gish</i>		e. Date Signed 9/15/2004	

SEP 16 2004

STATE CLEARING HOUSE

The Watsonville Family YMCA's new and remodeled facility will include the addition of four new youth, family and adult locker areas, a new child watch area, a new lobby/social area, a new spa on the pool deck and a new pool observation area, the renovation of our youth and teen program area and the renovation of the wellness center.

Upon completion of the capital development program, more youth and families will be involved in character building programs in the community.

As of September 2004